

FACILITIES OFFICE MARSHALL SPACE FLIGHT CENTER FACILITIES WORK REQUEST

FRW NUMBER:

DATE:

DELIVERY ORDER NO.:
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INSTRUCTIONS FOR COMPLETING THIS FORM ARE ATTACHED

1. AUTHORIZATION (OFFICE SYMBOL/NAME):	2. PHONE NUMBER:	3. INITIATION DATE:	4. NEED DATE:
5. BUILDING(S):	6. ROOM(S)/OTHER:	7. EQUIPMENT ID# (IF KNOWN):	8. INFORMATION ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO
9. POINT OF CONTACT (OFFICE SYMBOL/NAME):	10. PHONE NUMBER:	11. BLDG:	12. ROOM:
13. INITIATOR'S 24-DIGIT FUND CODE:			

14. DESCRIPTION OF WORK:

15. JUSTIFICATION:

RESOURCE ANALYST FUNDING INFORMATION

16. 24-DIGIT ACCOUNTING AND APPROPRIATION FUND CODE:	17. RESOURCE OFFICE VERIFICATION: NAME: _____ DATE: _____
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TO BE COMPLETED BY FACILITIES OFFICE

18. PROJECT MANAGER/PLANT MANAGER/PHONE NUMBER/DATE:		19. FACILITIES REVIEW/DATE:	
20. SAFETY OFFICE/DATE:	21. DESIGN/NEED DATE:	22. SECURITY OFFICE/DATE:	23. OPER. AND MAINT./DATE:
24. ENGINEERING/DATE:	25. CONSTRUCTION/DATE:	26. ENVIRONMENTAL OFFICE/DATE:	27. OTHER/DATE:

APPROVAL/DISAPPROVAL

28. <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	29. TYPED NAME AND SIGNATURE OF APPROVING OFFICIAL:	30. DATE:
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31. REASON FOR DISAPPROVAL:

INSTRUCTIONS

USE ONLY THE MARCH 2000 REVISION OF FORM 199. ALL PREVIOUS EDITIONS ARE OBSOLETE AND SHOULD BE DESTROYED.

Complete blocks 1 through 15. DO NOT write in other parts of the form.

1. Must be signed by person authorized in accordance with MPG 8812.1.
2. Enter authorizer's phone number.
3. Enter date prepared.
4. Enter date work is required to be performed.
5. Enter building number where work is to be performed.
6. Enter room number or other description of area within building where work is to be performed.
7. Enter equipment number, if applicable.
8. Indicate if attachments are included by checking "yes" or "no".
9. Provide a point of contact for additional information. This should be the person most knowledgeable of the specific work being requested.
10. Enter the point of contact's phone number.
11. Enter the point of contact's building number.
12. Enter the point of contact's room number.
13. Provide the complete (24 digit) accounting fund code to which the cost of the work will be charged.
14. Describe the work to be performed. BE SPECIFIC. Information provided must be complete and state all requirements. Additional sheets for description, drawings or sketches may be attached, if necessary. A fixed price for the work will be provided for approval prior to authorization to proceed with work. Changes or additions to the requirements may result in delayed completion and increased cost.
15. State why the work is requested. Include a specific statement when one of the following conditions exist:
 - (a) The work is required to eliminate an imminent danger (threat of death by physical injury) to personnel.
 - (b) A high degree of probability exists that the condition, if uncorrected, could lead to personal injury or cause extensive damage to equipment or facilities.
 - (c) The requested work or repairs are required to restore a facility to operational status, and failure to perform the work on an expedited basis will result in disruption or delay of a mission, major operational test or mission support effort. The specific operation or program impacted and the schedule dates must be cited.